

First Edition - Fall 2024

BEST PRACTICE DATA GUIDE FOR TEXAS MENTAL HEALTH COURT PROGRAMS

Created by the JCMH Data Committee



Introduction

This resource is prepared by the Texas Judicial Commission on Mental Health Data Committee to assist mental health court programs in collecting and use of data. The Guide is intended as an introductory reference for best practices rather than an exhaustive report on all related issues, and feedback is encouraged for improvement to future versions. Specific areas which would benefit from a more specialized document include launching a mental health court program, appropriately handling IDD and juvenile issues in specialty court programs, and specific technology or tracking methods. On this last point, a general sample spreadsheet is included, but the specific needs and use cases for each program will dictate adaptation and utilization of different tools.

Studies show that statistics and procedures for other specialty courts, especially drug treatment courts, are a useful analogue in considering mental health court effectiveness. As such, some of the resources referenced are for other types of specialty courts are still applicable in this context.

It is also helpful to remember that metrics which may seem negative in nature can provide beneficial information, such as indicating where obstacles arise in executing program goals.

The first section of this Guide is organized around three phases of mental health specialty court program operation: Intake/Application, Participation, and Feedback, as data needed at these stages can serve different purposes and be used toward divergent goals. There is also a question-and-answer format focusing on common data collection and use issues for mental health court programs to consider and how to best implement those priorities in everyday practice.

Data Collection by Mental Health Court Phase

Intake/Application

The needs of the court at this step are to screen and identify participants to enable program and participant success. Some examples of data categories that may be solicited and used at this stage are included in the table below:

| | |
|---------------------------------------------|-----------------------------------------------------------------------------------------|
| Name | Date of Birth |
| Social Security Number | Identification Number(s) |
| MI or IDD determination within past year | Incarceration status |
| Prior incarceration(s) | Prior arrest(s) |
| Sex | Race |
| Housing status | Gender |
| Substance Use Disorder diagnosis | Employment status |
| Financial resources | Prior victimizations and adverse childhood experiences (family violence, criminal, etc) |
| Education history | Support resources (family, social circle) |
| Application for program denied (and reason) | Insurance status (Medicaid?) |

Many of these data points would be available on a completed 16.22 form, but consider establishing practices so that information entered on that form is standardized and consistent to make later evaluation and use for other purposes more effective.

Participation

At this step, the Court is actively considering the progress of participants toward program goals, and so may focus on standardized benchmarks and evaluation tools to consider that progress both holistically and individually. Some examples of data that may be collected and used at this stage are included in the table below:

| |
|--------------------------------------------------------|
| Medication compliance |
| Treatment compliance |
| Arrests during program participation |
| Hospitalizations during program participation |
| Emergency room admissions during program participation |
| Program sessions attended |
| Program sessions absent |
| Peer support participations |

Feedback/Evaluation

After completion or dismissal from the program (on either positive or negative terms), the program should look to solicit information on both the participant's evaluation of program features as well as the long-term outcomes of former participants. The table below highlights some of the information that can assist in performing these evaluations:

| |
|-------------------------------------------------------|
| Participant satisfaction |
| Participant-rated effectiveness of program features |
| Hospitalizations after program participation |
| Emergency room admissions after program participation |
| Arrests after program participation |
| Incarcerations after program participation |
| Housing status after program participation |
| Employment status after program participation |

Frequently Asked Questions

Why prioritize a focus on data collection and use?

Mental health and other specialty courts are often required to collect and use data to comply with grant requirements. “Data” can encompass everything from names to case dispositions and future outcomes. Mandatory reporting for funding and compliance purposes will require collecting and using many sources of information. In many cases, specialty courts are initially funded based on potential, and securing continued funding can require tracking and demonstrating results and outcomes.

Where does this data come from?

Data can and will come from a variety of sources: initial mental health screenings, traditional court files, participant evaluations and self-reports, treatment and service providers, and others.

Aside from funding, is data collection and use important to court efficiency?

Yes – even surface-level analysis of collected data might show where improvements might be possible in a given court. This will frequently go hand-in-hand with personal experiences handling cases in mental health court: For example, a judge might believe that a particular condition or requirement may be effective and confirm that instinct by reviewing prior case information with similar facts.

When in the process of running a mental health court is it best to formalize a data strategy?

Yes, intentional collection and application of information will be beneficial to a mental health court at any stage, and formalizing current practices can have advantages for later analysis or continuity. Furthermore, any court or judge might find it helpful to have more a more reliable foundation of information and statistics to demonstrate efficiency or cost-savings.

What challenges might present themselves in this process?

Significant issues might arise in obtaining some useful information. For example, mental health courts have described some difficulty in finding consistent data regarding those entering the jail system because of variance in how screening forms and tools are used. It might also be difficult in some situations to identify treatments used. This can be compounded by providers and organizations providing or requesting information in different formats, which is why a mental health court should consider these challenges.

In Texas, what information needs to be collected and reported by courts?

Civil Case Mental Health Data Collected

New Applications

- The Number of Applications for Temporary Mental Health Services
- The Number of Applications Extended Mental Health Services
- Modifications
- Orders to authorize psychoactive medications

Hearings Held/Disposition at Final Hearing

- Temporary mental health services
- Extended mental health services
- Modifications
- Orders for Protective Custody Signed
- Orders to authorize psychoactive medications

Criminal Case Mental Health Data Collected

- 16.22 Reports
 - State law requires reporting the number of Texas Code of Criminal Procedure 16.22 reports completed. Magistrates must send 16.22 Reports (also known as the TCOOMMI form) to the clerk of the trial court for filing within the case file. The clerk should count this report in their mandatory Judicial Counsel's Monthly [Court Activity Report](#) through OCA. See [Tex. Admin Code 171.2](#).
- Competency examination reports

Are there any other organizations or entities entitled to any information?

Courts may have grant funding which has reporting requirements, and Health and Safety Code § 614.017 requires named entities to share information to enable continuity of care.

What other information would be helpful in administering and analyzing effectiveness?

This can range from identifying information to medication amounts and treatment plans – a table of suggested inputs is included as a reference, but specific needs for each court will vary depending on required reporting and desired analysis.

Additionally, specialty programs often find it helpful in some discussions to frame effectiveness by cost-benefit analysis (e.g. cost and length of jail stays or ER admissions compared to diversion effort costs).

Will any private, protected, or confidential information be collected?

Almost certainly, and so it is important to have considered guidelines and legal restrictions over file access, retention, and anonymization in formulating a data strategy.

It is particularly important to consider and implement an appropriate process for redacting previously collected information in the event of expunctions.

Who should be responsible for collecting and aggregating data?

This can vary, but most agree the information collected by the clerk for mandatory reporting to the Office of Court Administration is not comprehensive enough for their purposes. It is important to consider some quality assurance procedures if significant amounts of data will be entered by hand. Automation and copy/paste can help alleviate some of this burden, but also can cause incorrectly entered information to persist through different sets of data.

A basic example spreadsheet is distributed along with this guide but is intended as a generic demonstration and not a prescriptive source, as each implementation will have different needs. Constructing a spreadsheet like this one will help clarify questions before issues might arise later – e.g. is it more useful to record medication compliance as a rate or instances? Should prior victimizations be considered together with adverse childhood experiences or segregated? For each category created, having a deep understanding of the information sought will result in creating a better tool to collect that information. Such a database can utilize drop-down lists and fields restricted to a single type of input, which may prove especially helpful if multiple people will have the responsibility of entering information, when training new staff on entry and use, or in simplifying workflow and references to other resources.

In summary, although specialty court programs often have limited resources and funding, strategic collection and use of information is essential to consider in best handling cases in a mental health court program. It is helpful to remember that there are a wide range of sources of information, from local mental health authorities and law enforcement to self-reporting, that may assist in decision-making. Some mental health court programs have found it helpful to hold a monthly staff meeting to discuss current data collection and storage practices and any possible improvements to that process. The JCMH Data Committee hopes this guide has been helpful and welcomes any feedback or revisions.

Resources and Further Reading

- Texas Judicial Commission on Mental Health [Applying for Grants Toolkit](#)
- Bureau of Justice Assistance [A Guide to Collecting Mental Health Court Outcome Data](#)
- Substance Abuse and Mental Health Services Administration [Data Collection Across the Sequential Intercept Model](#)
- Texas Health and Human Services [Joint Committee on Access to Services](#)
- Texas Judicial Commission on Mental Health [16.22 Guide](#)
- Michigan Association of Treatment Court Professionals [Adult Mental Health Court Standards, Best Practices, and Promising Practices](#)
- National Center for State Courts [Behavioral Health Data Elements Guide for the State Courts](#)

